

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-20-03. In accordance with Rule 133.307(d)(1) A dispute on a carrier shall be considered timely if it is filed with the division no later than one year after the dates of service in dispute therefore date of service 10-11-02 in dispute are considered untimely and will not be address in this review.

The IRO reviewed office visits, therapeutic procedures, kinetic activities, special reports, ultrasound therapy and physical medicine treatment (electrical stimulation and hot or cold packs) rendered from 11-12-02 through 05-02-03 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visits, therapeutic procedures, kinetic activities, special reports, ultrasound therapy and physical medicine treatment (electrical stimulation and hot or cold packs). Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 03-18-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-21-02	97110 (2 units)	\$60.00	0.00	F	\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rational below
	97035	\$28.00		F	\$22.00	MFG MGR (I)(A)(9)(a)(iii)	Daily progress notes confirm delivery of service. Recommended

							Reimbursement \$22.00
	99212	\$37.00		F	\$32.00	MFG, E & M GR(IV)(C)(2)	Daily progress notes confirm delivery of service. Recommended Reimbursement \$32.00
	97014	\$15.00		F	\$15.00	MFG MGR (I)(A)(9)(a)(ii)	Daily progress notes confirm delivery of service. Recommended Reimbursement \$15.00
	97010	\$11.00	0.00	F	\$11.00	MFG MGR (I)(A)(9)(a)(ii)	Daily progress notes confirm delivery of service. Recommended Reimbursement \$11.00
10-23-02	99212	\$37.00		F	\$32.00	MFG, E & M GR(IV)(C)(2)	Daily progress notes confirm delivery of service. Recommended Reimbursement \$32.00
	97110 (2 units)	\$60.00		F	\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rational below
	97530	\$82.00		F	\$35.00 per unit	MFG MGR (I)(A)(11)(b)	Daily progress notes confirm delivery of service. Recommended Reimbursement \$70.00 (\$35.00 per unit for 2 units)
	97035	\$28.00		F	\$22.00	MFG MGR (I)(A)(9)(a)(iii)	Daily progress notes confirm delivery of service. Recommended Reimbursement \$22.00
	97014	\$15.00		F	\$15.00	MFG MGR (I)(A)(9)(a)(ii)	Daily progress notes confirm delivery of service. Recommended Reimbursement \$15.00
10-25-02	97014	\$15.00		F	\$15.00	MFG MGR (I)(A)(9)(a)(ii)	Daily progress notes confirm delivery of service. Recommended Reimbursement \$15.00
	99212	\$37.00		F	\$32.00	MFG, E & M GR(IV)(C)(2)	Daily progress notes confirm delivery of service. Recommended Reimbursement \$32.00
	97110 (2 units)	\$60.00	0.00	F	\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rational below
	97035	\$28.00		F	\$22.00	MFG MGR (I)(A)(9)(a)(iii)	Daily progress notes confirm delivery of service. Recommended Reimbursement \$22.00
	97530	\$82.00		F	\$35.00	MFG MGR	Daily progress notes

						(I)(A)(11)(b)	confirm delivery of service. Recommended Reimbursement \$70.00 (\$35.00 per unit for 2 units)
TOTAL		\$595.00					The requestor is entitled to reimbursement of \$358.00

RATIONALE

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended

This Decision is hereby issued this 28th day of April 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 10-21-02 through 05-02-03 in this dispute.

This Order is hereby issued this 28th day of April 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 16, 2004

Re: IRO Case # M5-04-0534

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 37-year-old, left-hand-dominant male who injured his left hand and forearm in ___. The patient cut his forearm approximately six centimeters proximal to the left wrist crease with a large piece of glass. He suffered multiple tendon lacerations and laceration of the median nerve and sensory branch of the radial nerve, all of which were repaired. The patient had persistent pain and paraesthesias in the radial three digits as well as numbness and pain in the palm of his hand and a positive Tinel's at the scar site. Despite extensive physical therapy and desensitization, the patient continued to have symptoms, and he was referred to a hand surgeon. At the time of the referral, the patient was receiving physical therapy, which was felt to be beneficial both by the patient's treating D.C. and the hand surgeon. The patient underwent a tenolysis of the FCR and palmaris longus, resection of the median nerve neuroma, and cable grafting on 3/17/03. The patient received post operative physical therapy for at least two and a half months.

Requested Service(s)

Ov/est, therapeutic procedures/exercises, ultrasound therapy, physical medicine treatment, kinetic activities, special reports/forms 11/12/02-5/2/03

Decision

I disagree with the carrier's decision to deny the requested services.

Rationale

The patient suffered a severe, complex injury to the forearm with postoperative pain, neuroma formation, and tendon adherence. The physical therapy that he was receiving prior to the second surgery was perceived as beneficial to the patient both by the treating physician and consulting hand specialist. The clinical documentation supports the benefit to the patient. The post operative therapy after the second surgery was critical and medically necessary. Specialized hand therapy after a tenolysis and nerve grafting procedure is critical to long-term success.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.